

Reporting Period:
Calendar Year 2004

Profile of Preventive Care for Children in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that medically necessary services are provided to Medicaid enrollees. The analysis of service utilization data is one way the Department monitors an HMO's ability to provide needed services and enrollees' ability to access these services. Utilization data can be used as an indicator of the effectiveness of health plan outreach to enrollees and the availability of network providers to deliver care. These data can also be used to identify unmet enrollee needs.

To generate this profile, Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)¹ performance measures were applied to HMO-submitted encounter data and other Department data sources including Medicaid eligibility data, Medicaid fee-for-service claims data, the Wisconsin Immunization Registry and the Division of Public Health's STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) database. In the charts that follow, the 13 participating Medicaid HMOs are represented by three-letter abbreviations. A key containing the HMO abbreviations and names is located on page 2.

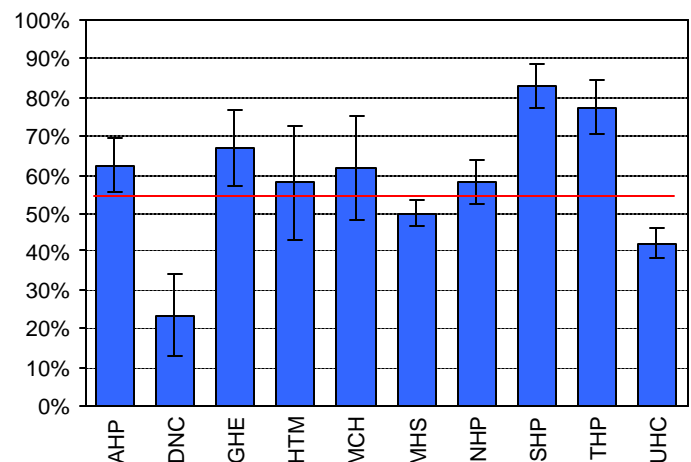
Immunizations

Immunizations are among the most cost-effective preventive care services provided to children. The benefits of vaccination accrue to both individuals and society. Protection from the consequences of illness is the primary individual benefit. Societal benefits include creation and maintenance of herd immunity against communicable diseases, prevention of disease outbreaks and reduction in overall health care costs. To assist with implementing vaccination programs and maximizing their benefits, the National Immunization Program at the Centers for Disease Control and Prevention (CDC) publishes standards for childhood and adolescent immunization practices. The recommendations balance scientific evidence of benefits to individuals and society against the potential costs and risks of vaccination programs². The CDC standards form the basis of the MEDDIC-MS immunization measure^{1,3}.

Chart 1 compares the HMO's percentage of two year olds who were fully immunized in calendar year (CY) 2004⁴. The mean percentage for all HMOs is 54.5%. Four HMOs (AHP, GHE, SHP, THP) are statistically above the mean and 3 HMOs (DNC, MHS, UHC) are statistically below the mean. All other HMOs have percentages that are statistically indistinguishable from the overall mean.

Chart 2 (page 2) compares the CY 2004 rates with the CY 2003 rates⁴. It is important to note that not all differences are statistically

Chart 1: Immunization Status of Two Year Olds (CY 2004)



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¹ The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division of Health Care Financing.

² CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002;51(RR02):1-36.

³ The most recent recommended immunization schedule (January 2005) is available at <http://www.cdc.gov/nip/>

⁴ Results from HMOs with less than 30 enrollees meeting the MEDDIC-MS denominator criteria are not displayed in the chart.

Chart 2: Immunization Status of Two Year Olds (CY 2003 and CY 2004)

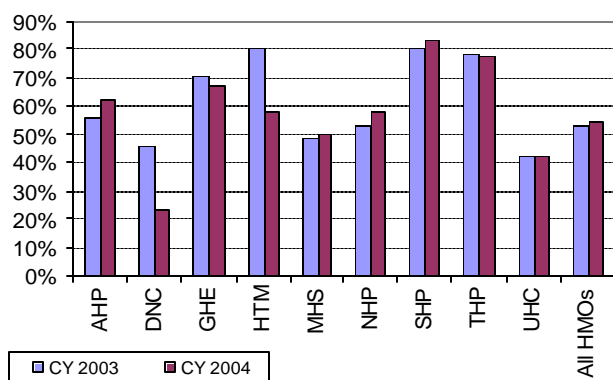


Chart 3: One Year Olds with Lead Test (CY 2004)

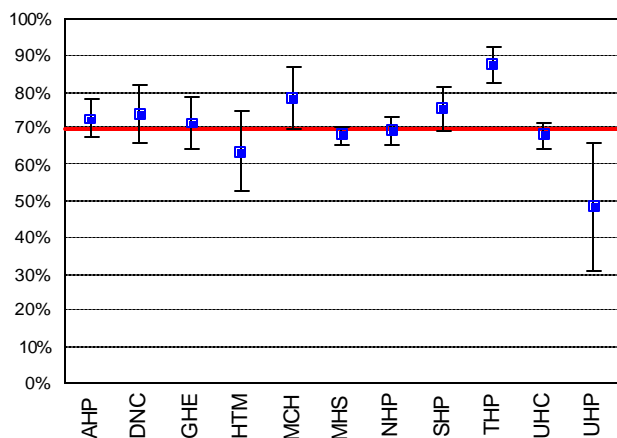
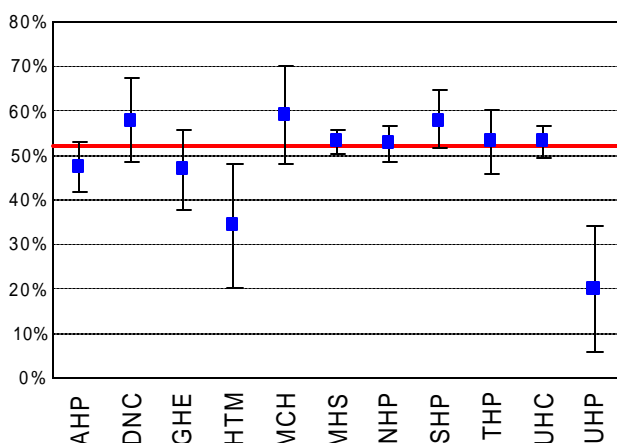


Chart 4: Two Year Olds with Lead Test (CY 2004)



Immunizations, continued

meaningful. The overall immunization rate increased slightly (not statistically significant) from 53.4% in 2003 to 54.5% in 2004. The differences in rates between years weren't significant for most of the HMOs. Only two HMOs (DNC and HTM) had statistically significant differences in rates—both decreasing from 2003 to 2004.

Lead Testing

Lead is neurotoxic, and young children are at particular risk for exposure. Numerous studies indicate that blood lead concentrations above 10 µg per deciliter are associated with adverse outcomes on measures of intellectual functioning and social-behavioral conduct. A 2003 study reported in the *New England Journal of Medicine* suggests that any amount of blood lead (even below 10 µg per deciliter) is harmful to a child's brain.⁵

While sources of lead encountered by American children have declined greatly since the 1978 federal ban on use of lead in gasoline and paint, they have not been eliminated. One quarter of American homes with children younger than 6 years contain lead-based paint.⁶ Children can be exposed to lead-containing dust when windows are opened and closed, when old paint on walls, ceilings, radiators or floors chips or is sanded or scraped off, or when old bathroom tiles are demolished.

Charts 3 and 4 compare the HMO's percentage of one and two year olds, respectively, who received a lead test in CY 2004.⁷ Chart 3 shows that, across all HMOs, 70% of one year olds received a lead test in 2004. This is statistically not different from the CY 2003 rate of 69%. In 2004, one HMO (THP) is statistically above the all HMO mean and one (UHP) is statistically below the mean. All other HMOs have percentages that are statistically indistinguishable from the overall mean.

Chart 4 shows that, across all HMOs, 52% of two year olds received a lead test in 2004. No HMOs are statistically above the all HMO mean while two (HTM and UHP) are statistically below the mean. All other HMOs have percentages that are statistically indistinguishable from the overall mean. The lead testing rate for two year olds did not significantly change from 2003 (51%) to 2004.

Key: HMO Abbreviations and Names

AHP—Atrium Health Plan	NHP—Network Health Plan
DNC—Dean Health Plan	SHP—Security Health Plan
GHC—Group Health South Central	THP—Touchpoint Health Plan
GHE—Group Health Eau Claire	UHC—UnitedHealthcare
HTM—Health Tradition Health Plan	UHP—Unity Health Insurance
MCH—MercyCare Insurance	VHP—Valley Health Plan
MHS—Managed Health Services	

⁵ Canfield et al. Intellectual Impairment in Children with Blood Lead Concentrations below 10 µg per Deciliter. *N Engl J Med.* 2003; 348; 16: 1517-1526.

⁶ Rogan WJ, Ware JH. Exposure to Lead in Children—How Low is Low Enough? *N Engl J Med.* 2003; 348; 16: 1515-1516.

⁷ Results from HMOs with less than 30 enrollees meeting the MEDDIC-MS denominator criteria are not displayed in the charts.